

ZBA VARIANCE or APPEAL APPLICATION

WESTPORT ZONING BOARD OF APPEALS Tel: 203-341-1030 Fax: 203-454-6145

ZBA24-00478

INSTRUCTIONS for APPLICANT: For Questions visit P&Z office Daily 9:00-11:30.

Complete pgs 1 & 2 then, REVIEW & COLLECT ALL materials listed on pgs 3&4.

When all is collected DROP OFF to P&Z OFFICE DAILY between 8:30 & 4:00.

After the STAFF REVIEW is complete, a Hearing Date will be set. Please Review pgs. 5&7.

Note: Commercial projects may require Architectural Review Board approval, If needed. You MUST submit ARB application BEFORE going to ZBA Hearing.

OFFICE USE ONLY

Application#: _____

Submission Date: 8/16/24

Receipt Date: 9/10/24

Fee Paid: \$300.00

1. Property Address: 7 Fairfield Avenue Zone: A
 Commercial Property: or Residential:
2. Applicant's Name: Don Fairbanks E-Mail: don@dwfarchitects.com
 Applicant's Address 762 Kings highway West Southport, CT 06890 Daytime Tel: 203.345.6307

NOTE: Below List Owner's Name (s) as appears on the DEED (No abbreviations) If more space needed submit list.

3. Property Owner's Name: Ken Shubin-Stein E-Mail: ken@cortexgroup.com
 Property Owner's Address: 7 Fairfield Avenue Westport, CT 06880 Daytime Tel: 917.453.1081

4. Is this property on: a Septic System: or Sewer:
5. Is this property within 500 feet of any adjoining municipality? Yes No
6. Does this project involve the demolition of any structures that are 50 years old or more? Yes No

7. Briefly Describe your Proposed Project:
 Raise existing home 1.4 feet above FEMA base flood elevation, remove front staircase, enlarge side and rear staircases, window replacement and interior renovations

8. Will any part of any structures be demolished? No Yes - If Yes Attach a Demolition Plan:
 Demolition plans and elevations attached

RECEIVED

AUG 16 2024

ZBA

9. List each "Regulation Section Number" you are requesting a variance for: i.e. (Sec 6-2 = Set back)
Sections 13-6 & 6-2.1.2 relocation of non-conforming building coverage:
Section 6-2.1.7 vertical expansion of existing structure within a setback

10. List any other variances that are requested to legalize any previous issues: i.e. (Sec 11-5 Coverage for existing shed)

11. List the PROPERTY HARDSHIP(s) or REASON(s) why this Variance or Appeal should be granted, stating clearly the exceptional difficulty REGARDING YOUR PROPERTY. Note: Financial Hardship will NOT warrant a variance approval see pg 5.
 Existing non-conforming lot; existing non-conforming coverage & setbacks; 100 year floodplain.

12. I hereby certify that the above information is correct and that the accompanying exhibits attached are true.
Don W Fairbanks See attached letter
 Applicant's Signature (If different than owner) Owner's Signature (Must be signed)
 If the applicant is unable to obtain the signature of the property owner, a letter of authorization by the property owner must be submitted.

TO BE COMPLETED BY OWNER/ APPLICANT

After all required materials are collected, DROP OFF to P&Z OFFICE DAILY between 8:30 & 3:00 ONLY.

BUILDING PLANS (TITLE) Additions & Renovations to Shubin-Stein Residence

BY: Donald William Fairbanks Architect, P.C. DATE 9 August 2024 NUMBER of PGS. 14
REVISED DATE _____ NUMBER of PGS. _____

SURVEY OR SITE PLAN (TITLE) Proposed Improvement Plan for 7 Fairfield Avenue

BY: Leonard Surveyors LLC DATE 12 August 2024 NUMBER of PGS. 1
REVISED DATE _____ NUMBER of PGS. _____

GROSS LOT AREA: 5,000 SF NET LOT AREA: (less 80% wetlands or steep slopes): 5,000 SF

SETBACKS: Front / Side / Rear) (From Survey)

Existing: 5.0' / 7.8' / 3.7' / 18.0'
Required: 20' / 7.5' / 25'
Proposed: 15.2' / 7.8' / 3.7' / 18.0'

FLOOR AREA / FAR:

Existing: N/A
Allowed: N/A
Proposed: N/A

COVERAGE: Building / Total (From Survey)

Existing: 39.74% / 57.70%
Required: 15.0% / 25.0%
Proposed: 39.5% / 57.46%

PARKING:

Existing: 2
Required: 2
Proposed: 2

HEIGHT: In Feet / # of Stories

Existing: 29.3' / 2
Required: 30.6' / 2
Proposed: 30.4' / 2

SIGNS:

Existing: _____
Required: _____
Proposed: _____

ATTIC / HALF STORY:

Existing: Attic / Proposed: Attic

LANDSCAPING:

Existing: _____
Required: _____
Proposed: _____

CRAWL SPACE - CELLAR - BASEMENT:

Existing: Crawl / Proposed: Crawl

NOTE: If you submit Revised Plans – You **MUST SUBMIT A COVER LETTER** listing EACH CHANGE & 9 COPIES.

REVISIONS FEE: Revised Plans, which require additional staff review ADDITIONAL FEE of HALF of original Appl. fee is **REQUIRED.**